Effective October 1, 2000

**Application or Docket Number** 

09721484

| . CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |   |   |                       |                               |              |                  |          | SMALL ENTITY TYPEO  |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
|---|---|---|-----------------------|-------------------------------|--------------|------------------|----------|---------------------|------------------------|-------|----------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 64                    |                               |              | 3                |          | RATE                | FEE                    | ]     | RATE                       | FEE                    |  |
| FOR   |   |   | NUMBER FILED          |                               | NUME         | BER EXTRA        |          | BASIC FEE           | 355.00                 | OR    | BASIC FEE                  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 64 minus 20=          |                               | . 44         |                  |          | X\$ 9=              |                        | OR    | X\$18=                     | 292                    |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 = * 5         |                               |              |                  |          | X40=                |                        | OR    | X80=                       | 110                    |  |
| MU  | LTIPLE DEPEN  | IDENT CLAIM P                             | RESENT                |                               |              |                  |          | .105                | _                      |       |                            | 700                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |                       |                               |              |                  | +135=    |                     | OR                     | +270= | 10. 7                      |                        |  |
| CLAIMS AS AMENDED - PART II   |   |   |                       |                               |              |                  |          | TOTAL               |                        | OR    | TOTAL                      | 1902                   |  |
|   |   | (Column 1)                                | (Column 2) (Column 3) |                               |              |                  |          | SMALL ENTITY O      |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRĘSENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                 | **                            |              | =                |          | X\$ 9=              |                        | OR    | X\$18=                     |                        |  |
|   | Independent   | *   | Minus                 | ***                           |              | =                |          | X40=                |                        | OR    | X80=                       |                        |  |
|   | FIRST PRESE   | NTATION OF M                              | JLTIPLE DEI           | PENDEN                        | CLAIM        |                  | 1        | +135=               |                        | OR    | +270=                      |                        |  |
|   |   |   |                       |                               |              |                  | <b>L</b> | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE        |                        |  |
|   |   | (Column 1)                                |                       | (Colu                         |              | (Column 3)       |          |                     |                        |       |                            |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                 | **                            | ·            | =                |          | X\$ 9=              |                        | OR    | X\$18=                     |                        |  |
|   | Independent   | *   | Minus                 | ***                           | T OL AUA     | =                | 1        | X40=                | ,                      | OR    | X80=                       |                        |  |
| L   | FINST PRESE   | NTATION OF MI                             | JLIIPLE DEI           | PENDEN                        | CLAIM        |                  | <u>'</u> | +135=               |                        | OR    | +270=                      |                        |  |
|   |   |   |                       |                               |              |                  | L        | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |  |
|   |   | (Column 1)                                |                       | (Colu                         |              | (Column 3)       |          |                     |                        | -     | 7.5511.7 221               |                        |  |
| AMENDMENT C   | Na .  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                 | **                            |              | =                |          | X\$ 9=              |                        | OR    | X\$18=                     |                        |  |
|   | Independent   | *   | Minus                 | ***                           |              | =                |          | X40=                |                        | OR    | X80=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |                               |              |                  |          | +135=               |                        |       | +270=                      |                        |  |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                       |                               |              |                  |          |                     |                        | OR    | +270=<br>TOTAL             |                        |  |
| •••   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                       |                               |              |                  |          |                     |                        |       |                            |                        |  |